



TOWNSHIP OF BARNEGAT

900 WEST BAY AVENUE
BARNEGAT, NEW JERSEY 08005-1298

Phone: (609) 698-0080 • Fax: (609) 698-7446

ZONING PERMIT APPLICATION

FOR OFFICE USE ONLY

BLOCK: _____ LOT(S): _____

PROPERTY LOCATION / WORK SITE _____

OWNER OF RECORD _____

MAILING ADDRESS (IF DIFFERENT) _____

Phone: (____) _____ (____) _____
HOME WORK

Permit # _____
Fee \$ _____
Cash _____ Check # _____
Date _____
Zone _____

NAME OF APPLICANT, CONTRACTOR OR PERSON RESPONSIBLE FOR WORK - IF OTHER THAN THE OWNER _____

ADDRESS OF APPLICANT - IF OTHER THAN OWNER _____ (____) _____ DAYTIME PHONE

AUTHORIZATION: (IF ANYONE OTHER THAN ABOVE OWNER IS MAKING THIS APPLICATION, THE FOLLOWING AUTHORIZATION MUST BE EXECUTED)

TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE TOWNSHIP OF BARNEGAT:

NAME OF DESIGNEE _____

IS HEREBY AUTHORIZED TO MAKE THE WITHIN APPLICATION.

DATE _____

SIGNATURE OF OWNER _____

DESCRIBE PROPOSED WORK AND/OR USE:

TYPE OF APPLICATION:	
RESIDENTIAL:	ALTERATION: _____
ADDITION _____	NEW _____
SHED _____	DECK _____ POOL _____
FENCE _____	OTHER _____
COMMERCIAL, ETC.:	NEW: _____
ALTERATION _____	ADDITION _____
CONSTRUCTION TRAILER (NEW) _____	
OTHER _____	
TEMPORARY EVENT:	_____

APPLICANT'S SIGNATURE (REQUIRED) _____ DATE _____

PERMIT APPROVED _____ DATE _____

ZONING OFFICER

PERMIT DENIED _____ DATE _____

ZONING OFFICER

***LOCATION SURVEY REQUIRED
MUST MEET THE REQUIRED MINIMUM SETBACKS AS SUBMITTED**

REASONS / CONDITIONS / REMARKS: _____